Residential Habilitation Standards

Effective December 2007

Revised June 2010

Revised February2011

Revised September 2011

Revised August 2014

Revised April 2016

Introduction

The Vision of the South Carolina Department of Disabilities and Special Needs (DDSN) is: To provide the best in services to assist ~~***persons***~~ ***individuals*** with disabilities and their families in South Carolina.

Our Mission is to: Assist ~~***people***~~ ***individuals*** with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals, and minimize the occurrence and reduce the severity of disabilities through prevention.

The Department values:

The health, safety and well-being of each ~~***person***~~ ***individual***
Dignity and respect for each ~~***person***~~ ***individual***
Individual and family participation
Choice, control and responsibility
Relationships with family, friends and community connections
Personal growth and accomplishments

Effective providers of Residential Habilitation Services structure their systems of services and supports to ensure that ~~***people***~~ ***individuals*** who receive services experience these values throughout the daily fabric of their lives.

Residential Habilitation services demonstrate due regard for the health, safety and well-being of each ~~***person***~~ ***individual*** when they:

- Meet or exceed applicable federal, state and local fire, health and safety regulations, policies and procedures.
- Carefully consider each ~~***person's***~~ ***individual's*** vulnerability to abuse, neglect or exploitation and regularly review the effectiveness of efforts to provide appropriate protection.
- Regularly review each ~~***person's***~~ ***individual's*** health status and ensure that health care is comprehensive and ongoing.
- Ensure that the preferences and desires of the ~~***person***~~ ***individual*** are the focus of all planning.
- Develop creative ways to meet health and safety needs using natural supports as well as paid supports while recognizing the importance of the values of relationships, participation, choice, empowerment, responsibility and control.

Dignity and respect - Participation, choice, control and responsibility

Despite the presence of disabilities, ~~***people***~~ ***individuals*** retain the same human, civil and constitutional rights as any citizen. ~~***People***~~ ***Individuals*** receiving Residential Habilitation Services rely on their services for support and encouragement to grow and develop, to gain autonomy, become self-governing and pursue their own interests and goals. Effective Residential Habilitation programs take positive steps to protect and promote the dignity, privacy, legal rights, autonomy and individuality of each ~~***person***~~ ***individual*** who receives services.

Respectful service providers carefully listen to what each individual expresses, using creative methods if necessary, to learn about their desires, plans and preferences.

Community connections - Relationships with family and friends

~~People~~ Individuals should be present in the community and actively participate using the same resources and doing the same activities as other citizens.

Residential Habilitation Services promote inclusion when they:

- Support ***~~people~~ individuals*** to live in residential areas which are convenient to a range of places to shop, bank, eat, worship, learn, make friends and participate in community life.
- Support ***~~people~~ individuals*** to use available transportation to get where they need and want to go.
- Support and encourage ***~~people~~ individuals*** to participate in a variety of activities and to try new places and activities outside their homes and service settings.
- Support and encourage ***~~people~~ individuals*** to meet others, participate with other members of the community (not just paid staff) in shared activities and join associations of interest that offer membership.
- Support and encourage ***~~people~~ individuals*** to give back to the community in meaningful ways through volunteer opportunities.

Relationships

Friends and family offer ***~~people~~ individuals*** essential support and protection. They provide continuity throughout life, act as a safety net, and open the way to new opportunities and experiences.

Many ***~~people~~ individuals*** with developmental disabilities rely on Residential Habilitation Services for assistance in maintaining relationships with family and friends. Some also need help to meet new people and make new friends.

Residential programs support relationships when they:

- Identify the people who are important to each ***~~person~~ individual*** who receives services and provide them with assistance to re-establish or maintain contact with them.
- Recognize that family members are very important to some ***~~people~~ individuals*** and work to negotiate any conflicts that arise between the program and family members in ways that protect relationships.
- Encourage ***~~people~~ individuals*** to reach out to other people. Some ***~~people~~ individuals*** who have been socially isolated need opportunity, guidance and coaching to assist them in making friends.
- Welcome the people ***~~a person~~ an individual*** with a disability chooses as friends. If the ***~~person's~~ individual's*** choice of a friend conflicts with the ***~~person's~~ individual's*** health and safety interests, respectfully negotiating these situations strengthen the quality of staff relationships with the ***~~people~~ individuals*** they serve.

Definitions

Residential Habilitation Services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the ~~***person's***~~ ***individual's*** needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation can be provided in a variety of settings.

Community Training Home-I Model (Foster Care)

In the Community Training Home-I Model, personalized care, supervision and individualized training are provided, in accordance with a service plan, to a maximum of two (2) ~~***people***~~ ***individuals*** living in a support provider's home where they essentially become one of the family. Support providers are qualified and trained private citizens. CTH-I homes meet Office of State Fire Marshal Foster Home Regulations.

Community Training Home-II Model

The Community Training Home-II Model offers the opportunity to live in a homelike environment in the community under the supervision of qualified and trained staff. Care, supervision and skills training are provided according to individualized needs as reflected in the service plan. No more than four (4) ~~***people***~~ ***individuals*** live in each residence. CTH-II homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. CTH-II homes location in apartments shall comply with R2 criteria of the International Building Code (IBC). CTH-II residential models are not care facilities.

CLOUD (Customized Living Options Uniquely Designed)

This model was created to promote personal development and independence ~~***in people***~~ ***for individuals*** with disabilities by creating a customized transition from 24-hour supervised living to a semi-independent living arrangement. Participants are responsible for selecting support providers, house mates and housing. A lease support agreement connects participants with landlords and provides an extra level of support which might be needed to facilitate a positive landlord/tenant relationship. CLOUD homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. CLOUD residential models are not care facilities.

Supervised Living Model-II

This model is for ~~***people***~~ ***individuals*** who need intermittent supervision and supports. They can handle most daily activities independently but may need periodic advice, support and supervision. It is typically offered in an apartment setting that has staff available on-site or in a location from which they may get to the site within 15 minutes of being called, 24 hours daily. SLP-II homes located in one and two family dwellings, as well as townhouses, shall meet International Residential Code (IRC) standards. SLP-II homes location in apartments shall comply with R2 criteria of the International Building Code (IBC). SLP-II residential models are not care facilities.

Supported Living Model-I

This model is similar to the Supervised Living Model-II; however, ~~***people***~~ ***individuals*** generally require only occasional support. It is offered in an apartment setting and staff are available 24 hours a day by phone. SLP-I homes located in apartments shall comply with R2 criteria of the International Building Code (IBC). SLP-I residential models are not care facilities.

Community Residential Care Facility (CRCF)

This model, like the Community Training Home-II Model, offers the opportunity to live in the community in a homelike environment under the supervision of qualified, trained caregivers. Care, supervision and skills training are provided according to identified needs as reflected in the service plan. *See SC DHEC Regulation Number 61- 84 for specific licensing requirements. Note: The DHEC licensing requirements supersede the requirements of the DDSN Residential Habilitation Standards.*

Residential Habilitation

Standards

All Models

	General	Guidance
RH1.0	Residential Habilitation will be provided in accordance with all DDSN policies and procedures.	Current policies and procedures are listed in the Appendix to these standards.
RH1.1	Residential Habilitation must be provided in settings that are certified by DDSN or licensed by a DDSN Contractor.	Refer to standards for DDSN Certification and South Carolina Department of Health and Environmental Control Regulations # 61-84. Supported Living-I settings are exempt from licensing.
RH1.2	***~~People's~~ Individual's*** preferences/wishes/desires for how, where and with whom they live are learned from the ***~~person~~ individual***: A. Prior to entry into a residential setting; and B. Continuously.	The ***~~person's~~ individual's*** preferences must be actively solicited on an on-going basis and results documented in service notes/residential summary of progress. On-going basis means that at a minimum, on a quarterly basis, service notes/residential summary of progress, should contain documentation that the preferences/wishes/desires for how, where and with whom they live are learned from the ***~~person~~ individual*** and that those preferences/wishes/desires are acted upon whenever possible within the resources of the ***~~person~~ individual***/provider. ***~~People~~ Individuals*** who receive residential habilitation should, to the extent of their ability and desire, be afforded the opportunity to have input into the hiring of staff who work directly with them and/or evaluation of staff's performance.

	Residents Rights & Protections	Guidance
RH2.0	~~***People***~~ ***Individuals*** are: a) Informed of their rights; b) Supported to learn about their rights. c) Supported to exercise their rights. d) Due process is upheld prior to any rights restrictions.	Rights include: Human rights, Constitutional rights and Civil rights. Training includes responsibilities as well as rights. • Training occurs a minimum of once every three (3) months. • Wide latitude is given as to how training may occur; however, documentation such as a signed training attendance sheet must exist to verify that each person received training. Should ~~***a person***~~ ***an individual*** refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • Each ~~***person's***~~ ***individual's*** right to privacy, dignity and confidentiality in all aspects of life is recognized, respected and promoted. • Personal freedoms, such as the right to make a phone call in private, to decide to have a friend visit, choices as to what to have for a snack, etc. are not restricted without due process. • ~~***People***~~ ***Individuals*** are expected to manage their own funds to the extent of their capability. • Due process is upheld, including the Human Rights Committee review of restriction of personal freedoms. • ***People Individuals*** with limited knowledge and experience receive training and opportunities to explore their individual rights and the responsibilities that accompany them.
RH2.1	~~***People***~~ ***Individuals*** are supported to make decisions and exercise choices regarding their daily activities.	• ***People's Individual's*** schedules of activities are developed in consultation with them and according to their preferences, including but not limited to mealtime, bedtime, menu items, snack choices, restaurant choices, and community activities. • Major changes that affect the ~~***person***~~ ***individual*** are not made without consultation with them.

RH2.2	~~***People***~~ ***Individuals*** are free from abuse, neglect and exploitation.	• ~~***People***~~ ***Individuals*** who receive services are trained on what constitutes abuse and how and to whom to report. • Training is an ongoing process rather than a one-time event. On-going process means that information about abuse/neglect is incorporated into all aspects of the training program not a one-time, large group training experience. (e.g., discussed at meetings within residences, "rap sessions", self-advocates meetings, etc.) • Training must occur at least once every three (3) months. • Documentation must exist that verifies the ~~***person's***~~ ***individual's*** participation in the training (e.g., signed training attendance sheet.) Should ~~***a person***~~ ***an individual*** refuse to sign the training sheet or refuse to attend training, this should be documented on the training attendance sheet. • ~~***People***~~ ***Individuals*** who have experienced abuse receive appropriate physical, emotional and legal follow up. • ~~***People***~~ ***Individuals*** are treated with consideration and respect at all times.
RH2.3	Community Training Homes must be open to the resident at all times.	Support Providers may/should be given a break, but residents must be allowed to remain in their home. Residents will not be expected to leave during support providers breaks/vacations.
RH2.4	Each resident must be provided with a key to his/her bedroom.	Reasons to not give a key may include: no desire for a key to the bedroom, inability to use a key due to physical limitations, behavioral issues, etc. If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur. Residents are provided one key. Provider must have a policy regarding lost keys and replacement keys.
RH2.5	Each resident must be provided with a key to his/her home.	Reasons to not give a key may include: no desire for a key to the home, inability to use a key due to physical limitations, behavioral issues, etc. If a resident desires a key and conditions exist that contraindicate this, review by the Human Rights Committee must occur. Residents are provided one key. Provider must have a policy regarding lost keys and replacement keys.

	PARTICIPATION AND INTEGRATION	GUIDANCE
RH3.0	~~***People***~~ ***Individuals*** are supported and encouraged to participate and be involved in the life of the community by: • Receiving information about opportunities for community participation. • Participating in the development of activity schedules. • Active involvement in community activities.	• ~~***People***~~ ***Individuals*** are supported to form and maintain a variety of connections, ties and involvements in the community, such as volunteering, joining clubs, shopping, dining, going to parks, ballgames, church of their choice, etc. • ~~***People***~~ ***Individuals*** are given information about opportunities for community participation,(i.e., ~~***people***~~ ***individuals*** are made aware of community activities such as ballgames, concerts, benefits, etc.,) and are encouraged to participate in activities that interest them. • ~~***People***~~ ***Individuals*** are not forced to participate in activities; however, training to participate is provided if needed. • Documentation must exist to show evidence of participation in community activities. • Training to participate is provided if needed.
RH3.1	~~***People***~~ ***Individuals*** are supported to maintain and enhance links with families, friends or other support networks.	• Information about the ~~***person's***~~ ***individual's*** family, friends or other support networks is known. • The status (whether or not they are on good terms) of the relationships is known. • The ~~***person***~~ ***individual*** is supported to maintain contact or to re-establish contact according to his/her wishes within the ability of the Provider's resources.

	HABILITATION	GUIDANCE
RH4.0	Prior to providing Residential Habilitation, a preliminary plan that outlines the care supervision and skills training/interventions to be provided must be developed.	Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection while the ~~***person***~~ ***individual*** is undergoing a function assessment for goal planning.
RH4.1	At the time of admission, the preliminary plan must be implemented.	Preliminary plan is to be implemented on the day of admission. When assessments are completed and training needs/priorities have been identified, the residential support plan will be completed and will replace the preliminary plan.
RH4.2	The ~~***person's***~~ ***individual's*** interests and life goals are identified with direct input from the person: • Prior to the development of the plan. • As needed to insure information is current.	Actively solicit the ~~***person's***~~ ***individual's*** interests and life goals. This information may be learned in a variety of ways; however, the key is to gather this information directly from the ~~***person***~~ ***individual*** through direct interaction, observations or talking with someone who knows the ~~***person***~~ ***individual*** best. The ~~***person's***~~ ***individual's*** preferences and goals must be the focus of the planning process. Priorization of training on assessed needs as well as personal goals should reflect the preferences of the ~~***person***~~ ***individual***.
RH4.3	A comprehensive functional assessment: • Is completed prior to the development of the initial plan. • Is updated as needed to insure accuracy.	Assessments are individualized based on: gender, choice, ethnic background, physical abilities, adaptive functioning level and chronological age. The assessment supports skills training, care and supervision objectives identified within the ~~***person's***~~ ***individual's*** plan. Training goals will be established based on the ~~***person's***~~ ***individual's*** interests and priorities. Events that may trigger an assessment update may include, but not be limited to: completion of a training objective, failure to progress on a training objective, upcoming annual plan, major change in health/functioning status such as stoke, hospitalization, etc.
RH4.4	A comprehensive functional assessment must identify the abilities/strengths and needs of the ~~***person***~~ ***individual*** in the following areas: a) Self-care. b) Activities of daily living.	At a minimum, the functional assessment must include all areas listed. Depending on the ~~***person's***~~ ***individual's*** priorities and preferences additional areas may need to be assessed. Assessments must include the need to use, maintain prosthetic/adaptive equipment.

	c) Communication. d) Personal Health (including Self-administration of medication). e) Self-preservation (fire evacuation, severe weather, general safety, etc.). f) Self-supervision at all times. g) Rights. h) Personal finances/money. i) Community involvement. j) Social Network/Family Relationships. k) Personal property maintenance/management.	<u>Self-Care</u>: a) Bowel/bladder care. b) Bathing/grooming (including ability to regulate water temperature). c) Dressing. d) Eating. e) Ambulation/Mobility. <u>Personal Health</u>: a) Need for professional medical care (how often, what care). b) Ability to treat self or identify the need to seek assistance. c) Ability to administer own meds/treatments (routine, time limited, etc.). d) Ability to administer over the counter meds for acute illness. e) Ability to seek assistance when needed. <u>Self-Preservation</u>: a) Respond to emergency. b) Practice routine safety measures. c) Avoid hazards. d) Manage (use/avoid) potentially harmful household substances. e) Ability to regulate water temperature. <u>Self-Supervision</u>: a) Need for supervision during bathing, dining, sleeping, other times during the day. b) Ability to manage own behavior.

		Rights: a) Human Rights: established by the United Nations that all people are entitled to by virtue of the fact that they are human. (i.e., Life, liberty and security of ~~***person***~~ ***individual***, right not to be subjected to torture, etc.). b) Civil Rights: guaranteed by law. (i.e., Americans with Disabilities Act). c) Constitutional Rights: guaranteed by the Constitution of the United States. (i.e., free speech, right to due process, etc.). Personal finances/money: ~~***People***~~ ***Individuals*** are expected to manage their own money to the extent of their ability. Community Involvement: a) Extent of involvement. b) Awareness of community activities. c) Frequency. d) Type. Social network/family relationships: a) Family and Friends. b) Status of relationships. c) Desired contact. d) Support to re-establish/maintain contact. Supported Living Assessment for those residing in **SLP-I only**. Assessments are to be done using the Supported Living assessment tool available on CDSS. Assessments must be done: a) On new sites. b) On sites when address has changed.

		c) Annually at the time of the ***~~person's~~ individual's*** plan. All assessments on new sites and sites where address has changed must be sent to the DDSN District Office for approval and forwarded to Quality Assurance in the DDSN Central Office. Annual assessments on which any item is marked "no" must have a plan to address the item that has been approved by the appropriate DDSN District Office. Assessments on which all items are marked "yes" require no further approval beyond the Provider level.
RH4.5	Within 30 days of admission and every 365 days thereafter, a residential plan is developed: a) That supports the ***~~person~~ individual*** to live the way he/she wants to live. b) That reflects balance between self-determination and health and safety. c) That reflects the interventions to be applied.	"Balancing the Rights of Consumers to Choose with the Responsibility of Agencies to Protect." (See 510-01-DD. Attachments located on the DDSN website)
RH 4.6	The plan must be: a) Developed within 30 days of admission. b) Implemented within 10 working days.	Within 10 working days of the date of the plan.
RH4.7	The plan must include: a) The type and frequency of care to be provided. b) The type and frequency of supervision to be provided. c) The functional skills training to be provided. d) Any other supports/interventions to be provided. e) Description of how each intervention will be documented.	Care: Assistance with or completion of tasks that cannot be completed by the **~~person~~ individual** and about which the **~~person~~ individual** is not being taught (including, but not limited to, regulation of water temperature, fire evacuation needs, etc. Supervision: Oversight by another provided according to DDSN policy and must be as specific as needed to allow freedom while assuring safety and welfare (including supervision when around water that exceeds 110 degrees F). May include electronic supervision when appropriate. Functional: Activities/skills/abilities that are frequently required in natural domestic or community environments.

		Skills training: Should center on teaching the most useful skills/abilities for the ~~**person**~~ **individual** according to their priorities. Every consideration should be given to adaptations that could make the task easier/more quickly learned.
RH4.8	A quarterly report of the status of the interventions in the plan must be completed.	Quarterly summary is routinely shared with the Case Manager. Quarterly must be completed within ten (10) working days of the end of the quarter.
RH4.9	Residents who attend school are supported as needed to enable them to benefit fully from their school experience.	Support includes, but is not limited to, helping with homework, assistance to participate in school activities and functions, working in conjunction with school personnel on issues, responding to correspondence from the school. When recipient is a minor, an understanding regarding participation with the guardian must be reached.
RH4.10	The effectiveness of the residential plan is monitored and the plan is amended when: a) No progress is noted on an intervention. b) A new intervention, strategy, training or support is identified; or c) The ~~**person**~~ **individual** is not satisfied with the intervention.	Data should be analyzed monthly to see that training has been completed as scheduled and data is collected as prescribed and accurate. Incorrect data calculations/analysis will be cited if the errors affect the outcome of the plan monitoring (e.g., indicates progress was made when progress did not occur and goal should have been revised.). Corrective action is taken and recorded when: The plan is not implemented as written by staff; when the intervention yields 100% accuracy the first month; there is no correlation between recorded data and observed individual performance; the health, safety and welfare of people is not maintained; when the ~~**person**~~ **individual** is not satisfied with the intervention, etc. As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended.

	Health	Guidance
RH5.0	~~***People***~~ ***Individuals*** receive coordinated and continuous health care services based on each ~~***person's***~~ ***individual's*** specific health needs, condition, and desires.	Continuous health care includes acute and emergency care. Continuous means through-out entire life span. Coordinated means that ~~***people***~~ ***individuals*** have a medical home/primary physician, (unless they choose otherwise) who is aware of their history, medical condition, other health care specialist involved, etc. ~~***People***~~ ***Individual's*** actively participate in their health care decisions according to their skills and abilities. ~~***People***~~ ***Individuals*** with specific health concerns, such as seizures, ~~***people***~~ ***individuals*** who are prone to aspirate, etc., receive individualized care and follow-up. ~~***People***~~ ***Individuals*** are supported to develop/maintain a healthy lifestyle and to engage in wellness activities which may include, but not be limited to: nutrition/weight management and physical fitness activities through involvement in programs such as Steps To Your Health, YMCA membership, etc. Health conditions such as dysphagia and GERD are ruled out before behaviors such as rumination, intentional vomiting, etc., are addressed behaviorally. ~~***People***~~ ***Individuals*** receive a health examination by a licensed physician who determines the need for and frequency of medical care and there is documentation that the physician's recommendations are being followed. The health care received is comparable to any ~~***person***~~ ***individual*** of the same age, group and sex. (i.e., mammogram for females 40 and above, annual pap smears, prostate checks for males over 50, etc.) ~~***People***~~ ***Individuals*** receive a dental examination by a licensed dentist who determines the need for and frequency of dental care and there is documentation that the dentist's recommendations are being carried out. The provider notifies the behavior support provider in advance of the date, time and location of the periodic drug review (PDR). Staff who support the person have the tools/equipment needed and the skills/knowledge to do so appropriately.

RH5.1	The Residential Habilitation provider must have procedures that specify the actions to be taken to assure that within 24 hours following a visit to a physician, Certified Nurse Practitioner, or Physician's Assistant all ordered treatments will be provided.	The procedures must specify the exact steps to be taken and by whom, including but not limited to, specifying to whom orders are to be given upon return from the physician's visit; who is responsible for obtaining medications, supplies or equipment from the pharmacy or other supplier; who is responsible for scheduling follow-up visits, visits to specialist, or visits for further testing; who is responsible for training direct support staff and providing those staff with appropriate written instructions for complying with the orders, etc. The point is that there is a system in place to assure that orders are followed and the specific staff have been assigned and are responsible for specific tasks.
RH5.2	The Residential Habilitation provider must have available at all times a health care professional that can assess a resident's health condition, determine appropriate intervention to be provided, and give specific instruction to staff who will provide the intervention.	The contact information for the health care professional must be posted or easily accessible in all residences. Staff must know how to contact professional and be instructed and encouraged to do so as often as needed. Providers are encouraged to utilize resources effectively and efficiently while assuring that staff has access to a health care professional. This professional may be a nurse hired or contracted by the agency, or a nurse available through a physician's office, or a local "ask-a-nurse" line through a hospital or other health care organization, etc. The source used to provide access to staff is not restricted by this requirement.
5.3	Between 24-36 hours after being seen by a Physician, Physician's Assistant or Certified Nurse Practitioner for acute care, the ~~***person***~~ ***individual*** must be evaluated to determine the status of his/her condition.	The evaluation may be done by a staff member who is not a nurse and is not a health care professional. However, the designated staff member may not be a staff ~~***person***~~ ***member*** who provides direct support to those who receive residential habilitation services. If the acute care visit is self-initiated or initiated by family members without the knowledge of the residential provider, this requirement would not apply. In these situations, within 24 hours of returning to the setting or learning about the visit, the provider must assure that medications, supplies or equipment needed to comply with the orders from the visit are available in the setting. "Acute" is defined as treatment sought for a brief and severe condition, as opposed to treatment for chronic long term conditions, routine check-ups, or follow-up visits for previously diagnosed illnesses. Acute visits are not planned in advance, but are in response to a sudden change in condition or an accident, such as a sinus infection, urinary tract infection, the flu, a broken arm, a laceration, etc.

		To evaluate, the staff member must: 1. See the ~~***person***~~ ***individual*** in his/her home. 2. Determine if the ~~***person's***~~ ***individual's*** condition has improved, worsened or remained unchanged. 3. Review the orders/instructions given as a result of the Certified Nurse Practitioner, Physician's Assistant or Physician's visit or discharge from the hospital in order to determine if needed medications, supplies and equipment are available and in sufficient quantity to comply with the orders. 4. Determine if staff can competently perform the duties required to comply with the orders. If staff are not observed performing the duties, determine if staff has been given clear and accurate instructions or materials that are easily understood and aid in their ability to competently perform the duties. 5. Determine if staff can identify the worsening or lack of improvement of the person's condition or if staff have been given instructions regarding how to identify the worsening or lack of improvement of the ~~***person's***~~ ***individual's*** condition. 6. Determine if staff know or have been given specific instructions regarding what to do: • If the condition worsens or doesn't improve as expected; • If they have questions about how to comply with the orders; and/or • If they need supplies, equipment, medication in order to comply with the orders. 7. Report immediately (before leaving the residence) to the Executive Director or designee situations in which: • Medications, supplies and/or equipment are not available; • Staff on duty do not appear to be competent

		to fulfill the orders nor have they been given clear and accurate instructions or materials to aid in the competent completion of the duties; and/or • The ***person's individual's*** condition has worsened or has not adequately improved and no action has been taken to address. Following the verbal report, staff must complete sign and date a report of the evaluation that provides a detailed description of the adverse findings(s) and actions(s) taken. 8. Provide the original report to the Executive Director/designee within 48 hours of the completion or the next business day, whichever is later. **Note:** Any situation reported to the Executive Director/designee as outlined in #7 (above) will be considered an unusual and unfavorable occurrence that has harmful or otherwise negative effects to the ***~~person~~ individual*** and therefore, must be reported to DDSN following the steps outlined in DDSN Directive 100-09-DD: Reporting of Critical Incidents.

	STAFF	GUIDANCE
RH6.0	Support providers must meet requirements for criminal background checks.	Reference DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.
RH6.1	Staff must have a driver's license check prior to transporting people who receive services.	Provider should have a system in place for period re-checks on a random basis.
RH6.2	The provider must designate a staff member who is responsible for developing and monitoring the ~~***person's***~~ ***individual's*** residential plan and who meets the following qualifications: a) A bachelor's degree in human services from an accredited college or university; b) Is at least 21 years of age; c) Has at least one (1) year of experience (e.g., paid or voluntary) working directly with ~~***persons***~~ ***individual's*** with an intellectual disability or a related disability.	"Human Services" = human behavior (e.g., psychology, sociology, speech communication, gerontology etc.), human skill development (e.g., education, counseling, human development), humans and their cultural behavior (e.g., anthropology), or any other study of services related to basic human care needs (e.g., rehabilitation counseling), or the human condition (e.g., literature, the arts). The provider can exercise wide latitude of judgment to determine what constitutes "human services." The key concern is the demonstrated competency to do the job.
RH6.3	Support providers must be at least eighteen 18 years of age and have a high school diploma or its equivalent.	When a high school diploma or its equivalent is a result of a correspondence program or distance/on-line learning program, it may only be used when the school or entity is approved by a local board of school trustees from the state in which the diploma or its equivalent was issued. A South Carolina high school certificate is not equivalent to a high school diploma.
RH6.4	Support providers must pass an initial physical exam prior to working in the home.	Pass = No documentation in the physical exam report of conditions present that would jeopardize health and safety of ~~***people***~~ ***individuals*** receiving services or staff's ability to perform required duties.
RH6.5	Support providers must pass initial tuberculosis screening prior to working in the home and annually thereafter.	Pass = no evidence of communicable disease see DDSN Directive 603-06-DD: Guidelines for Screening for Tuberculosis, for possible exceptions to annual screening.

RH6.6	Community Training Homes-I <u>adult household members</u> must meet the following requirements: a) Appropriate background checks. b) Initial health exam conducted by a licensed physician, physician's assistant or licensed nurse practitioner. c) Tuberculosis screening initially and annually thereafter.	Household member = an individual 18 years of age or older who resides in the Community Training Home-I Residence. See DDSN Directive 406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers, for additional requirements and guidance.

	DOCUMENTATION	GUIDANCE
RH7.0	Documentation/data must be: A. True and accurate. B. Complete. C. Legible. D. Logically sequenced. E. Dated and signed by the ~~person~~ ***staff member*** making the entry; along with their title. F. Typed or handwritten in permanent dark ink.	• DDSN Directive 167-06-DD: Confidentiality of Personal Information. • DDSN Directive 368-01-DD: Individual Service Delivery Records Management. • The Health Insurance Portability & Accountability Act of 1996, Public Law 104-191. • Late entries (i.e., notes written into the record more than 24 hours after the activity which is described) must be identified as such. • When errors are made, draw one thin line through the error, write "error" near the original entry, enter the correct information, and add signature/initials and date. The information contained in the error must remain legible. No correction fluid, tape or erasable ink may be used.
RH7.1	Documentation/data must be sufficient to support the implementation of the plan and the provision of Residential Habilitation for each unit of service reported.	For Residential Habilitation, one (1) unit of service equals one (1) day when services are provided in models other than Supported Living I. In the Supported Living I model, one (1) unit equals one (1) hour. Documentation/data must be available to support that Residential Habilitation was provided each time the individual is reported to have received the service. Documentation/data may include, but is not limited to, data collected on training objectives, data (e.g., baseline data, incident reports, reinforcement provision) collected as part of Behavior Support Plans, documentation of supervision as specified in DDSN Directive 510-01-DD: Supervision of People Receiving Services, documentation of care provided such as administration of medications or compliance with diet, documentation of the assistance with money management.

	REPORTING	GUIDANCE
RH8.0	Reporting requirements must be performed correctly.	DDSN Directive 100-09-DD: Reporting of Critical Incidents. DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services. DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse.

Appendix
Additional Guidance

All homes must be in compliance with all applicable DDSN contracts, policies, procedures, and standards and applicable federal, state and local laws.

Resident's Rights and Protections

100-17-DD: Family Involvement
167-06-DD: Confidentiality of Personal Information
535-02-DD: Human Rights Committee
535-07-DD: Obtaining Consent for Minors and Adults
535-08-DD: Concerns of People Receiving Services: Reporting and Resolution
535-10-DD: National Voter Registration Act (Motor Voter)
535-11-DD: Appeal and Reconsideration Policy and Procedures

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

S.C. Codes of Law § 44-26-10 to § 44-26-220 Rights of Clients with Intellectual Disability http://www.scstatehouse.gov/code/t44c026.php.

Compliance with Title VI of the Civil Rights Act of 1964, American's with Disabilities Act of 1990, Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973 and Establishment of a Complaint Process (cross reference DDSN Directive 700-02-DD).

Personal Funds and Property

200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs
604-01-DD: Individual Clothing and Personal Property

Health

100-12-DD: Aids Policy
100-29-DD: Medication Error/Event Reporting
533-02-DD: Sexual Assault Prevention, and Incident Procedure Follow-Up
603-01-DD: Tardive Dyskinesia Monitoring
603-06-DD: Guidelines for Screening for Tuberculosis
603-13-DD: Medication Technician Certification
604-04-DD: Certification in First Aid and Cardiopulmonary Resuscitation

Health Care Guidelines

Behavior

101-02-DD: Preventing and Responding to Suicidal Behavior
600-05-DD: Behavior~~al~~ Support, Psychotropic Medications and Prohibited Practices

Reporting

100-09-DD: ~~***Reporting of Critical Incidents***~~ ***Critical Incident Reporting***
368-01-DD: Individual Service Delivery Records Management
505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN
534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency

Finance Manual, Sections 10.1 and 10.7

Certification and Licensure

104-01-DD: DDSN Certification and Licensure of Residential and Day Facilities and New Requirements for DHEC Licensed CRCFs
167-01-DD: Appeal Procedure for Licensed Programs Serving Persons with Intellectual Disability

Staff

406-04-DD: Criminal Records Checks and Reference Checks of Direct Caregivers
567-01-DD: Employee Orientation, Pre-Service and Annual Training Requirements
567-04-DD: Preventing and Responding to Disruptive Behavior and Crisis Situations

General

100-25-DD: Disaster Preparedness Plan for DDSN and Other Agencies Providing Services to Persons with Disabilities and Special Needs
100-26-DD: Risk Management Program
502-01-DD: Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting